20-11211-shl Doc 1 Filed 05/15/20 Entered 05/15/20 17:31:21 Main Document Pg 1 of 4

Fill in this information to identify the case:			
United States Bankruptcy Court for the:			
Southern	District of	New York	
	_	(State)	7
Case number (If known):			_ Chapter

Check if this is an amended filing

### Official Form 205

## Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Pa	art 1: Identify the Chapter	of the Bankruptcy Code Under Which Petition Is	Filed
1.	Chapter of the Bankruptcy Code	Check one:  Chapter 7 Chapter 11	
Ра	art 2: Identify the Debtor		
2.	Debtor's name	Richardson Foods Inc.	
3.	Other names you know the debtor has used in the last 8 years Include any assumed names, trade names, or doing business as names.	Richardson Brands Company	
4.	Debtor's federal Employer Identification Number (EIN)	Unknown $\frac{2}{\text{EIN}} \frac{0}{1 - \frac{4}{10}} = \frac{3}{10} \frac{6}{10} = \frac{5}{10} \frac{8}{10} = \frac{1}{10} \frac{1}{10}$	
5.	Debtor's address	Principal place of business  14 East 47th Street  Number Street	Mailing address, if different  Number Street
		C/o Founders Equity I, LP  New York City  NY State  10017 ZIP Code	P.O. Box  City State ZIP Code
		New York County	Location of principal assets, if different from principal place of business  100 Erie Boulevard  Number Street
			CanajoharieNY State13317 ZIP Code

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Richardson Foods Inc. Debtor Case number (if known) www.richardsonbrands.com 6. Debtor's website (URL) Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) 7. Type of debtor Partnership (excluding LLP) Other type of debtor. Specify: \_ 8. Type of debtor's Check one: business ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Railroad (as defined in 11 U.S.C. § 101(44)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3)) None of the types of business listed. Unknown type of business. 9. To the best of your ■ No knowledge, are any ☐ Yes. Debtor \_ bankruptcy cases pending by or against \_ Date filed Case number, if known any partner or affiliate MM / DD / YYYY of this debtor? Debtor Relationship \_ Date filed Case number, if known\_ MM / DD / YYYY Part 3: Report About the Case 10. Venue Check one: Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district. A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district. 11. Allegations Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b). The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a). At least one box must be checked: The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount. Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession. 12. Has there been a ■ No transfer of any claim Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy against the debtor by or

to any petitioner?

Rule 1003(a).

Debtor

#### Richardson Foods Inc.

Nam

Case number (if known)\_\_\_\_

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	Doge Capital, LLC	Debt	<sub>\$</sub> 117,459.52
	Three Oaks Advisors, LLC	Monitoring Fee	\$ 3,335.62
	Randall Talcott	Debt	9,405.60
		Total of petitioners' claims	<sub>\$</sub> 130,200.73

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

#### Part 4:

#### **Request for Relief**

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners	s' Representative		Attorneys		
Name and mailing addre			Christopher F. Gr	aham	
Name			Printed name	N! O NA-II-	.4.110
P.O. Box 6980			Eckert Seamans C	nerin & Melic	ott, LLC
Number Street  Jackson	WY	83002	Firm name, if any  10 Bank Street	t	
City	State	ZIP Code	Number Street White Plains	NY	10606
Name and mailing addre	ess of petitioner's repr	esentative, if any	City	State	ZIP Code
Michael Barry	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Contact phone (914) 286-6	443 cgrahan	n@eckertseamans.com
Name 222 West Ada	ms Street, Suite	3125	Bar number		
Number Street	575		NaVan	12	
Chicago	IL.	60606	State New Yor	<u>K</u>	
City	State	ZIP Code			
I declare under penalty of	perjury that the foregoing	ng is true and correct.			
Executed on OF OP A	107 U		<b>≭</b> s/ Christopher F. Gra	aham	
x Mul (1/4	in /		Signature of attorney	0	
Signature of petitioner or repr	esentative, including repre-	sentative's title	Date signed 05/15/202		

Official Form 205

Involuntary Petition Against a Non-Individual

page 3

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Richardson Foods Inc.

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N			i	
Name and mailing address			Christopher F. Graham	
Three Oaks Advi	sors, LLC		Printed name	NI-ADVITOR Y
Name			Eckert Seamans Cherin & Mellott,	LLC
1901 S. Calumet Ave., Unit 801		From same, 7 and		
Number Street		20042	10 Bank Street	
Chicago	<u>IL</u>	60616	Number Street	
City	State	ZIP Code	White Plains NY	10606
			City State	79 Code
Marne and malling address	of pulltioner's rep	recentative, if any	/914\ 296-6449 combam@v	
Randall Talcott			Contact phone (814) 200-0447 Email (914)	
Nemo				
1901 S. Calumet	Ave., Unit 80	1	Ber number	
Number Street	22		New York	
Chicago	<u>IL</u>	60616	State TOW TORK	
CRy	State	ZIP Code	1	
I declare under penalty of g	erium that the forman	ing is true and conect		
4/2/			🗶 /s/ Christopher F. Graham	
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E Tartel VM.	(6611		05/15/2020	
Signature of petitioner or repres	entative, including mon	spentative's title	Dete signed 05/15/2020	
Name and realing address Randall Taicott Name 1901 S. Calume			Christopher F. Graham Private Name Eckert Seamans Cherin & Mellott,	щс
Number Street	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Firm name, If any	
Chicago	IL	60616	10 Bank Street	
Cay	State	ZIP Code	Number Street	
			White Plains NY	10606
Name and making address	s of petitioner's reg	recentative, if any	City State	ZIP Code
			Contact phone (914) 286-6443 Email agraham@	echariasamin's cor
Name	<u> </u>			
			Bar number	
Humber Street		<del></del>	New York	
ancompleted approach (1)			State New YOR	
City	State	ZP Code		
-	9			
I declare under penalty of p	erjury that the foreign	sing is true and correct.	44 /a/ Christophan E. Cualiana	
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100/100	TOA-1	116	Signature of altorney	
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- <u></u>	/ / p u	L [ ]	Date signed 05/15/2020	
Signature of petitioner or repre-	termine, including repr	TEGERAL 100	1	
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